

STANDARD CERTIFICATE OF DEATH

-60-045486

STATE FILE NUMBER

FILED VS DEC 2 9 1960

Registration District No.

73

Primary Registration District No.

5291

Registrar's No.

122

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY			c. CITY OR TOWN NORTH KANSAS CITY MO.		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 44 ODD Fellows Home / UT			d. STREET ADDRESS (If outside, give location) 2627 VERNON		
3. NAME OF DECEASED (Type or print) First Lillie Middle A. Last Wingo			4. DATE OF DEATH Month 11 Day 26 Year 1960		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH APRIL 22 1884		9. AGE (In years last birthday) 76		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PECK'S Dept. Store			10b. KIND OF BUSINESS OR INDUSTRY ALTERATIONS		
11. BIRTHPLACE (City and state or country) Pettis County Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ABRAHAM BARNHART			13b. MOTHER'S MAIDEN NAME ANNA ODOM		
14. NAME OF HUSBAND OR WIFE CHARLES L. Wingo			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. 487-10-2024			17. INFORMANT Address 2-00 F. Home Records 2 Unit 3M		
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia DUE TO (b) Arteriosclerosis DUE TO (c) 332 X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 wks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at Jan 1959 and last saw her alive on Nov 26-60 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm H. Goodson M.D.			22b. ADDRESS Liberty Mo		22c. DATE SIGNED 11/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-29-1960		23c. NAME OF CEMETERY OR CREMATORY FOREST Hill Cem.	
23d. LOCATION (City, town, or county) KANSAS City Mo.		23e. DATE RECD. BY LOCAL REG. 12-3-60		23f. REGISTRAR'S SIGNATURE Nobel Graham	
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS N.K. Emb.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS JAN 4 1961

JUN 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Blair H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 181 2nd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.